SERIAL NO. FILING DATE APPLICANT(S) **CLAIMS ONLY CLAIMS** AFTER AFTER **AS FILED** 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. IND. DEP. DEP. IND. IND. DEP. . 14 TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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